DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: REM WISCONSIN III INC CUDD (590031)

Address: 211 SOUTH CUDD STREET, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 10/04/1988

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Compliance

Verified

Corrected

Survey ID: 0096301 End Date: 01/11/2006 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009765 Served 02/03/2006

Deficiencies Cited Subject Area

88.07(3)(d) MEDICATION- WRITTEN ORDER

Survey ID: 0093241 End Date: 08/25/2004 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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